

**ARIZONA STATE BOARD OF NURSING
INSTRUCTIONS FOR COMPLETING THE APPLICATION
FOR PRESCRIBING AND DISPENSING PRIVILEGES**

QUALIFICATIONS

Registered nurse practitioners seeking prescribing and dispensing privileges shall submit a completed application which contains written evidence, verified by oath, that the practitioner:

- a. Is currently licensed in Arizona as a registered nurse;
- b. Is certified by the Board of Nursing within one of the specialty area(s) identified in the Rules of the Board of Nursing at R4-19-501.

INSTRUCTIONS

1. Complete the application in **black ink**: wait to sign the affidavit before a Notary Public.
2. Use extra sheets of paper if needed for the listing of continuing education obtained in pharmacology and/or the clinical management of drug therapy. See specific requirements on the Prescribing and Dispensing Application

FEES (Non-refundable)

Application fee is \$125.00

Fees may be paid by personal check, or money order and made payable to the Arizona State Board of Nursing.

ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS – NO EXCEPTIONS

All fee submitted must be in US dollars are not refundable.

Personal check drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.

A \$50.00 fee will be charged for checks returned because of insufficient funds.

DEA REGISTRATION NUMBER

If you are going to prescribe and/or dispense controlled substances, you will need to apply to the Drug Enforcement Administration for a DEA number.

- a. A DEA number cannot be obtained until you have received prescribing and/or dispensing privileges from the Board.
- b. You must contact the Drug Enforcement Administration at 3010 N. Second Street, Suite 301, Phoenix, Arizona 85012, (602) 664-5831, to obtain an application form.
- c. When the DEA number has been obtained you must notify the Board of your number by **sending a copy of the REGISTRATION NUMBER.**

TIME FRAMES FOR APPLICATION APPROVAL

The Board is required to process applications within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the application should be approved.
- Deficiency notice:
Time to respond: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
The table below specifies the number of days an applicant has to respond to a deficiency notice.
- Comprehensive written request:
Time to respond: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
The table below specifies the number of days an applicant has to respond to a comprehensive written request.
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether the application should be approved. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

TIME FRAMES TABLE

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION Prescribing and Dispensing	R4-19-507	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION Prescribing and Dispensing	R4-19-507	270 days	30 days	270 days	240 days	150 days

For more information regarding the time frames, consult A.A.C. R4-19-102. For assistance with the application process, contact Cristina Oates at (602) 889-5205. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining prescribing and dispensing authority, you must submit a new application and applicable fees.

**To obtain an application for
PRESCRIBING and DISPENSING PRIVILEGES
go to our Website and download an application.**

www.azbn.gov

**Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: Arizona@azbn.gov**

HELPFUL HINTS ON PRESCRIBING AND DISPENSING AUTHORITY FOR REGISTERED NURSE PRACTITIONERS

The following information is about **PRESCRIBING**.

1. Only nurse practitioners who have been certified by the Arizona Board of Nursing, hold a current Arizona nursing license, and meet the other established criteria in R4-19-507 can be granted prescribing/dispensing authority.
2. A DEA number (license) is necessary only if you are going to prescribe controlled substances. To obtain this license, the nurse practitioner must apply to the DEA and pay the required fee. Once this license has been obtained, it must be renewed with the DEA. Controlled substances, Class 2, 3, 4, & 5 can be prescribed. Class 2 cannot be refilled. Class 3 and 4 can be refilled for a maximum of 5 refills in six months. Class 5 can be refilled up to a year.
3. Arizona's prescriptive authority can only be used in Arizona. It cannot be transferred to another state. Prescriptive laws for nurse practitioners vary from state to state. There are 48 states that have prescriptive authority for nurse practitioners.
4. It is not necessary to renew P&D effective October 18, 1999. A one time application and fee will be made at the time of initial request for authority.
5. Prescription only medications can be refilled up to one year. Controlled substances, schedule 2, cannot be refilled.
6. The RNP must document in the patient record the medication prescribed and the reason for such.

The following information is about **DISPENSING**.

1. When a RNP dispenses, the RNP must comply with the rules in R4-19-508.
2. The RNP dispenses prepackaged labeled medications.
3. What kind of logs must be kept in dispensing?
When the RNP dispenses prepackaged medication, a log which include dates, **must** be kept of all medication received from a pharmacist, physician or manufacturer and those dispensed.
4. How does one dispense?
A RNP dispenses from a prescription that is written by the RNP for the patient. The prescription (s) must be kept on file for 3 years. A PRESCRIPTION IS NOT REQUIRED FOR SAMPLES.
5. Must the medication dispensed, be labeled?
All prepackaged medication dispensed must be labeled. The label needs to contain the following:
 - a. patients name
 - b. date dispensed
 - c. name of drug
 - d. strength and quantity in container
 - e. directions for use
 - f. prescription number

RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the **correct** fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, **add** \$35 for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

ADVANCED PRACTICE OR SCHOOL NURSE APPLICANTS

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| <ul style="list-style-type: none"><input type="checkbox"/> \$135 – Nurse Practitioner fee for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)<input type="checkbox"/> \$100 – CRNA Prescribing fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <ul style="list-style-type: none"><input type="checkbox"/> \$125 – Prescribing & Dispensing Authority fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)<input type="checkbox"/> \$35 – School Nurse <u>initial</u> certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <ul style="list-style-type: none"><input type="checkbox"/> \$100 – Clinical Nurse Specialist fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)<input type="checkbox"/> \$25 – School Nurse <u>renewal</u> certification fee<input type="checkbox"/> \$43 – Fingerprint fee |
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ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

ARIZONA STATE BOARD OF NURSING (ASBN)

4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150 FAX (602) 889-5155
Email: arizona@azbn.gov
Website: www.azbn.gov

**APPLICATION FOR
PRESCRIBING AND DISPENSING
PRIVILEGES**

NAME: _____
LAST FIRST Middle Name MAIDEN

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE NO.: () _____ CELL PHONE NO.: () _____
AREA CODE AREA CODE

R.N. LICENSE NO: _____ SOCIAL SECURITY NO: _____
(Disclosure is Mandatory)

BUSINESS ADDRESS & PHONE NUMBER:

PHONE NO: () _____

REGISTERED NURSE PRACTITIONER SPECIALTY AREA(S)
AND CERTIFICATION NUMBER:

Are you going to apply for a DEA (Drug Enforcement Agency) Registration No ☐ Yes ☐
Number to prescribe controlled substances?

OFFICE USE ONLY

Authority Granted: _____

NURSYS CK _____

PHARMACOLOGY AND/OR CLINICAL MANAGEMENT OF DRUG THERAPY

List in chronological order the 45 contact hours of education you have obtained in pharmacology and/or the clinical management of drug therapy. All 45 hours shall be completed within the three year period immediately preceding the application. The required contact hours should be obtained from an accredited conference, classes, mediated or self-study.

If you have 3 semester hours of pharmacology within the three years prior to date of application, it completes the education requirement. This must be posted on **official sealed** transcripts sent directly to ASBN.

List the number of contact or semester hours received for the above and supply a copy of the continuing education certificate received. If the certificate does not state that hours are for Pharmacology and/or the Clinical Management of Drug Therapy, you **must** attach a copy of the program. You may use extra sheets if needed.

Date	Title of Continuing Education in Pharmacology or Clinical Management of Drug Therapy	Contact Hours	Awarded or Accredited By

AFFIDAVIT

The undersigned being duly sworn declares that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and the rules of the Arizona Board of Nursing; that he/she has read and understands this affidavit; that he/she understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Signature

JURAT

State of _____)
County of _____) **SS**

_____ personally appeared before me, and under oath, swears that the
NAME
statements made in this document and all attachments are true and correct this _____ day of _____,
20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

**Please staple the two pages of the application together
and mail to the address located on the front of the application**